TITLE:

<Invited Articles>Heart Care in Japan: Before and After the 1995 Great Hanshin-Awaji Earthquake

AUTHOR(S):

Benedict, Timothy O.

CITATION:

Benedict, Timothy O.. <Invited Articles>Heart Care in Japan: Before and After the 1995 Great Hanshin-Awaji Earthquake. いのちの未来 2016, 1: 147-169

ISSUE DATE:

2016-01-15

URL:

https://doi.org/10.14989/203148

RIGHT:

京都大学学術情報リポジトリ
KURENAI 紅
Kyoto University Research Information Repository

Heart Care in Japan:
Before and After the 1995 Great Hanshin-Awaji Earthquake

Timothy O. Benedict*

Abstract

This paper examines the emergence of the term "heart care (*kokoro no kea*)" to describe the psychological support for disaster victims in the wake of the 1995 Hanshin earthquake. By comparing the usage of this term in the *Yomiuri* and *Asahi* newspapers before and after the earthquake, as well as its relationship with post-traumatic stress disorder (PTSD), this paper will show how heart care emerged in the context of hospice before expanding to include care for trauma more broadly. I will also discuss how the growing attention to heart care enabled religious groups to become more engaged in disaster relief work.

Keywords: Heart Care, Disaster Relief, Spiritual Care, Hospice, PTSD, Religion

Introduction

The year 1995 was a turning point for Japanese religion. On March 20th, the members of a new religious group, Aum Shinrikyō, released a poisonous sarin gas in the Japanese subways that claimed thirteen lives. This incident terrorized Japan and sparked a national backlash against new religious groups that fueled an increasingly suspicious view of religion in general[1].

However, 1995 was also a turning point for Japanese religion in another important way. Two months prior to the Aum incident, a deadly earthquake hit the city of Kobe that claimed more than six thousand lives. In the immediate aftermath of the disaster, religious

* PhD Candidate, Department of Religion, Princeton University

[1] See Baffelli and Reader (2012) for the effects of the Aum incident on Japanese religion.

groups were largely unprepared to support the victims. As a newspaper editorial lamented:

> "Why is it that we do not see the priests there [at the site of the disaster] fulfilling their duty? Only a small portion of clergy and a few religious groups are listening to the silent cries of the disaster victims. They only hold funeral ceremonies and don't practice a religion that uses living words for people. The fact that there are few priests who will suffer alongside the people is enough to make one angry"(Mochizuki 1995).

Spurred by such criticism, Japanese religious groups began to earnestly consider how they could play a more significant role in social services and welfare in the years that followed[2]. This shift towards social engagement especially picked up speed after the 1998 Nonprofit Organization Law was passed. This opened the door for religious groups to more closely involve themselves with non-profit organizations. By the time the devastating earthquake and tsunami hit the Tohoku region on March 11th, 2011, religious leaders seemed to have learned their lesson. On this occasion, religious groups were much better prepared as they immediately rushed to the sites of the disaster to support the survivors (Ambros 2011; Inaba 2011; Inaba 2012).

Heart Care

Key to understanding how religious groups were able to better respond to the 2011 disaster is the growing emphasis on provision of "heart care" (*kokoro no kea*) for disaster victims--a term that was crystalized in the aftermath of the 1995 Kobe earthquake. Although sending volunteer teams to distribute food, remove rubble or otherwise tangibly assist disaster survivors was a high priority in the days following the Kobe earthquake, as these needs became less acute, care for the "heart" became an important way for

[2] See Nakamaki and Tsushima (1996) for examples of handwringing by religious figures. As Jonathan Watts notes, Buddhist relief aid organizations first began to grow in the early 1980s in response to the humanitarian crisis in Indo-China. However, the Hanshin earthquake was the seminal catalyst for inspiring domestic relief work. For an overview of Buddhist social welfare activities, see Watts (2004), Covell (2005, 99-104) and Nelson (2013, 86-140).

volunteers to do what official rescue workers could not. As the notion of heart care was popularized in the media, heart care went on to become an important area in which religious groups saw an opportunity to contribute their spiritual expertise. Even though the term "heart care" was largely unknown before 1995, by the time of the 2011 disaster, it became one of the important ways by which religious groups were able to effectively respond to those in need in the traumatized Tohoku region.

In view of the important role heart care plays in disaster relief, this paper will attempt to trace the emergence and development of this term before and after the year 1995. This will be done through a close examination of the occurrences of this term in the *Asahi Shimbun* and *Yomiuri Shimbun*-- the two largest newspapers in Japan[3]. By doing so, some of the semantic changes that occurred during this time will become apparent. Occurrences were measured by utilizing each paper's online database (*Asahi Kikuzō II* and *Yomiuri Rekishikan*), and a search for the term "heart care" (*kokoro no kea* 心のケア) yielded the results. Although these occurrences are by no means the only representation of how heart care was understood and being discussed in Japanese society, they serve to indicate the context in which heart care emerged and continues to develop in public discourse. After examining the occurrences of "heart care," a short analysis will also be made of the term's relationship with post-traumatic stress disorder (PTSD) which also emerged in public discourse after 1995. Finally, this paper will examine some of the reasons that lie behind the popularization of heart care in Japan and show how this paved the way for greater social engagement by religious groups.

Before 1995

A search in the *Yomiuri Shimbun* database yields twenty-four occurrences of the phrase "heart care" before 1995[4]. The same search in the *Asahi Shimbun* database yields

[3] In the early 1990s, circulation for the Yomiuri and Asahi was approximately 10 million and 8 million respectively (Gudykunst 1993, 276).

[4] Three occurrences in the *Yomiuri* prior to 1995 were discarded due to arising in the context of unrelated phrases: *chūshin no kea* (中心のケア) and *kanjin no kea* (肝心のケア). Although I was unable to closely check every occurrence beyond 1995 due to the high volume of articles, the actual number of occurrences should be slightly lower. For example, a search in the *Yomiuri* after 1995 show twelve and three occurrences respectively of the unrelated phrases mentioned above. However, even allowing for

twenty-two occurrences. One of the earliest mentions in the *Yomiuri* dates to 1987 and arises in the context of a book review. The book in question, *To Die Well is to Live Well* (*Yoku shinu koto wa yoku ikiru koto da*), was written by Chiba Atsuko, a Japanese journalist living in New York. In the book, the author details her struggle with cancer and the differences between American and Japanese medical care. The review provides a glimpse of how Japanese regarded their late development in the arena of terminal care.

> Though we are an economic power, the question of why Japanese medical care is so poor [compared to America] which arises again and again in the context of different situations, reminds me again of the fundamental cultural differences which lie behind medical care. It goes without saying that medicine is something that is concerned with both the heart and body, but in regards to heart care (*kokoro no kea*), its relationship with the traditional spirit (*seishin bunka*) which flows through the depths of the Japanese people needs to be deeply questioned, and considering the central role of technology in physical care, to some extent we can all the more expect that we tend to be behind (Kizaki 1987).

Although the reviewer does not explicitly say what she means by the Japanese traditional spirit that is keeping Japan behind the United States in terms of heart care, it seems likely that her critique addresses cultural ideals like the idea of "persevering" (*gambaru*) or a traditional samurai-like emotional stoicism which might be hindering the incorporation of heart care in Japan. More importantly for the present discussion, is her view of heart care that is closely connected to terminal care. As she notes in the next line: "This does not mean that it is okay to be behind. On the contrary, we must urgently think together, for example, [on] providing 'terminal care for Japanese hearts.'"

The close connection between heart care and terminal care comes up repeatedly in the decade before 1995. The four earliest mentions of heart care in the *Asahi Shimbun* all arise in the context of care for terminally ill patients. The first article is titled: "Embracing Terminal Patients," and contains an interview with Suzuki Sō, a physician who was inspired by St. Christopher's Hospice in England and made an effort to care for terminal

---

unrelated occurrences, this does not diminish the larger trend these figures show.

patients in his small clinic or at their home. The article features a quote from a patient who bemoaned the lack of heart care offered by staff in a hospital-- heart care that he only received from two other patients who were members of the religious groups Konkōkyō and Tenrikyō, and could encourage him in his faith during his hospitalization (*Asahi Shimbun* 1985). Likewise, a 1986 editorial describes the support for the establishment of a Buddhist hospice in terms of its ability to provide "heart support" (*kokoro no sasae*), while existing Christian hospices were referenced for their ability to provide "heart medicine" (*kokoro no iryō*). It is noteworthy that the author assumes that the religious background of these hospices is what enables them to provide such care. Another article describes heart care as part of the growing attention being paid to psycho-oncology and its role in providing emotional and psychosocial support to cancer patients (*Yomiuri Shimbun* 1992). In 1993, an editorial begins with the statistic that one in three people are expected to die of cancer in the twenty-first century and muses on the need for heart care for patients facing their own death. The author comments: "At that time, I think that if there were a professional counselor to listen to the patient, their anxiety and worries would be lightened and would be a great help in putting one's heart in order (*kokoro no seiri*)." As in the book review mentioned previously, he deplores Japan's backwardness in this regard, and then turns to himself and expresses a wish that such a professional would be present to support his heart (*kokoro no sasae*) on "that day" (Murayama 1993). As these early occurrences show, heart care before 1995 was closely associated with dying and the care of terminal patients. While there was no consensus on who should provide heart care, these articles repeatedly call attention to the need for family members, doctors, nurses, religious professionals, and counselors to all address the "heart" of Japanese terminal patients.

While the connection between heart care and terminal care is made in close to half of the articles before 1995, it should be noted that heart care was also invoked in the context of other forms of care. For example, several articles refer to the need to provide heart care for the elderly and particularly those who suffer from dementia. While these occurrences also relate to end of life care, heart care was occasionally invoked in other contexts as well. Examples include: personal trauma, the disabled, the mentally ill or depressed, aids patients, divorcees, family of organ donors; parents who lose their children, workers who lose their jobs, and patients with various illnesses.

For example, one news article from 1992 describes the lack of heart care for children who undergo traumatic experiences such as the murder of a parent (*Asahi Shimbun* 1992). In an article from 1993, heart care is also used to reference the efforts of medical staff in addressing the anger felt by a young AIDS patients towards God and society (Nakajima 1993). These occurrences attest to the term's loose signification. For example, in the case of trauma, heart care could be envisioned as a psychiatric intervention. Heart care was also used as a euphemism for meeting the non-physical needs of the elderly as they approached the end of life. However, as Table 1 demonstrates, most of the occurrences before 1995 indicate an understanding of heart care as treating the emotional or spiritual anxiety associated with the end of life[5].

Table 1. Occurrences of "Heart Care" in the *Yomiuri* and *Asahi Shimbun* Before 1995

Context	*Yomiuiri*	*Asahi*	Total
Terminal Illness	9	9	18
Aging	4	5	9
Mental Health	6	2	8
General Illness	3	0	3
AIDS	1	2	3
Grief	1	1	2
Trauma	0	1	1
Disabled	0	1	1
Divorcees	0	1	1
Total:	24	22	46

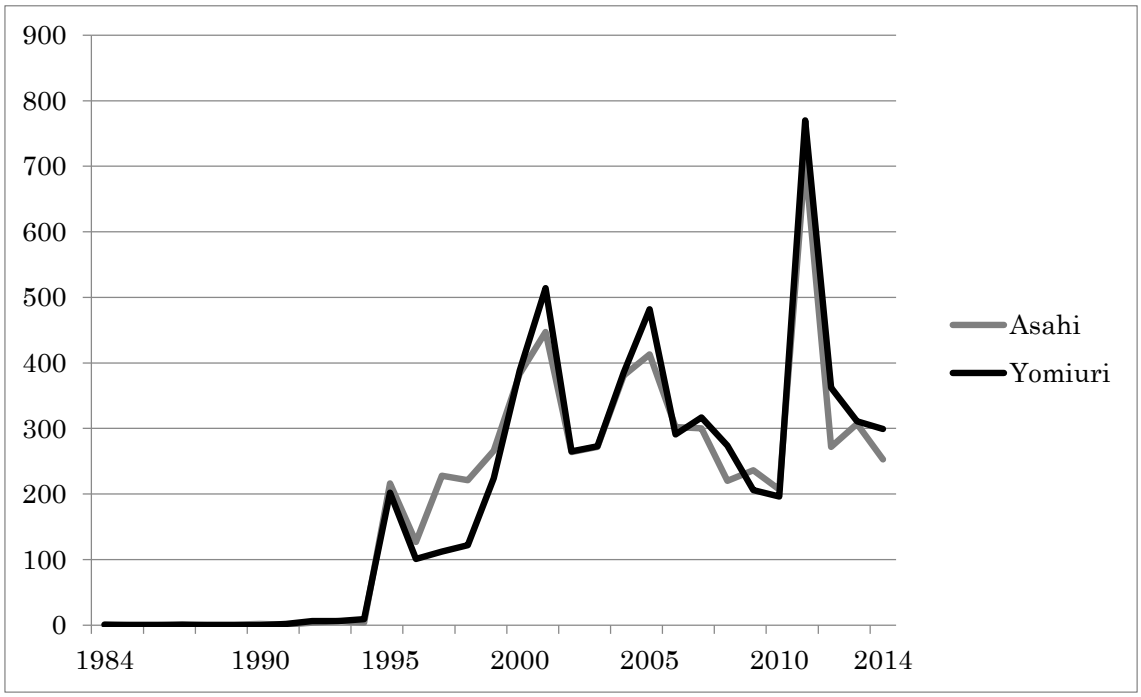
Source: *Yomiuri Rekishikan* and *Asahi Kikuzō II*

[5] A major drawback of this analysis is the small sample size of references to heart care before 1995. For example, a cursory book search in the National Diet Library Catalog only retrieves a little over a dozen books published before 1995 that have the word "heart care" in the book or chapter titles. However, the fact that almost all these books concern terminal care, illness, aging, and none contain references to psychological trauma seems to support this conclusion.

After 1995

All of the above changed after the Great Hanshin Earthquake on January 17th, 1995. The Hanshin Earthquake left 6,434 dead, 43,792 injured and destroyed nearly a quarter of a million homes in the greater Kobe area of western Japan (Hyōgo-ken Shōbōchō 2006). This earthquake was the most damaging to hit Japan since the 1923 Great Kanto Earthquake. Occurring as it did in an age of mass media, the disaster attracted the attention of millions. Almost immediately, a call went out for provision of heart care to the victims of the disaster. The attention devoted to this topic was nothing short of a heart care boom. As Figure 1 vividly illustrates, in the *Asahi Shimbun*, the number of articles which mentioned heart care surged from only four times in 1994 to 216 times in 1995. Likewise, in the *Yomiuri* the number jumped from a mere nine times in 1994 to 202 times in 1995[6].

Figure 1. Occurrences of "Heart Care" in the *Yomiuri* and *Asahi Shimbun* 1984-2014



Source: *Yomiuri Rekishikan* and *Asahi Kikuzō II*

[6] Note also that a search in the Japanese National Diet Library for books on "heart care" follows the same pattern. While only a dozen or so books published before 1995 refer to heart care, in 1995 alone the number of such books doubles.

In the *Yomiuri*, the first mention of heart care was published ten days after the earthquake. The article noted the creation of a sixty page handbook to be distributed to leaders in Kobe to care for the "heart worries" (*kokoro no nayami*) and stress experienced by victims who had lost close relatives or homes. The author notes that doctors, welfare supervisors, and public health nurses at shelters would form the nucleus in training others to provide heart care (*Yomiuiri Shimbun* 1995b). An editorial written several days later declares: "The Great Hanshin Earthquake: Hasten the Heart Care for Victims" (*Yomiuiri Shimbun* 1995c). The author notes that five days after the disaster, a psychiatric first-aid station was established in Kobe, manned by a doctor whose psychiatric clinic had been reduced to rubble. Here, the number of victims seeking heart care were growing day by day. On February 19th, it was reported that thirty patients were now coming daily to his "Window for Heart Consultation" (*Kokoro no sōdan madoguchi*) to see psychiatrists who volunteered their services. In another article, the head of the Criminal Victims Consultation Room in Japan, was quoted as saying that whereas the United States could draw on coordinated networks like the Network Of Victim Assistance in providing psychological care to victims in times of disaster, Japan lacked a coordinated network that could provide heart care (*Yomiuiri Shimbun* 1995f). By February, the Asian Medical Doctors Association announced that in the following month, a Psychiatric Health Center would be established to provide heart care (*Yomiuiri Shimbun* 1995e).

In the *Asahi Shimbun*, the first mention of heart care was made the day after the earthquake. The paper quoted L. Thomas Tobin, the executive director of the California Seismic Safety Commission who was visiting Osaka for a conference on disaster prevention at the time of the earthquake. The article quoted Tobin as saying that in the aftermath of the 1994 Northridge earthquake in California, approximately four million dollars were expended to provide counseling for "heart care" (*Yomiuiri Shimbun* 1995a). The second mention of heart care in the *Asahi Shimbun* occurred six days after the earthquake in an article that describes the efforts of the Japan Clinical Psychologists Association in setting up a 24 hour telephone hotline to provide heart care. Here too, mention was made that, whereas in the United States such care was taken seriously, heart care was less emphasized in Japan and had no prior examples (*Yomiuiri Shimbun* 1995b). The call for heart care continued in the months that followed the disaster. By June, the government even announced that one percent of all funds donated by private and

government sources would be earmarked for establishment of a "Heart Care Center" (*Kokoro no kea sentaa*)(Breslau 2000, 181). The close connection between heart care and disaster relief is further demonstrated by the enormous spike in occurrences during 2011, when the Tohoku earthquake and tsunami precipitated over seven hundred occurences in both the *Yomiuri* and *Asahi*.

PTSD

Although heart care remained the label of choice for the media in addressing the psychological and emotional care of victims in the Hanshin earthquake, it was at this time that attention was also called to PTSD. In the next section, I will briefly summarize the history of PTSD in the United States and Japan, and clarify its relationship with heart care.

Although the notion of trauma has a long history, its inception as a modern psychiatric condition owed a special thanks to the first World War when large numbers of soldiers returned from the European front lines with acute war neuroses, the most common of these being "shell-shock" (Young 1995, 50). In the United States, it later received even more intense media attention after Vietnam War veterans experienced similar traumatic memories. PTSD was then officially ensconced within psychiatric parlance through its induction into the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) by the American Psychiatric Association in 1980. The definition was then revised again in the DSM-III-R in 1987. After its appearance in the DSM-III, PTSD began to attract attention in many parts of the world. Some scholars even reported that semblances of PTSD could be detected retroactively in history--for example, in the works of Shakespeare and or even as far back as the *Epic of Gilgamesh* (Young 1995, 3). While the full diagnostic criteria for PTSD will not be cited here, in short, it describes an individual who: A) experienced a traumatic event; B) reexperiences the event in various ways; C) avoids stimuli associated with the trauma or experiences a numbing of general responsiveness; and D) experiences persistent symptoms of increased autonomic arousal not present before the trauma (Young 1995, 117).

In Japan, the notion of trauma as a psychiatric condition was hardly unknown before 1995. European studies of hysteria were introduced to Japan at the beginning of the twentieth century and Japan's experiences in World War I also helped contribute to

studies that confirmed the psychogenic causes of traumatic neuroses amongst soldiers. However, the translation of the DSM-III-R was only made into Japanese in the late 1980s. After this, the concept of PTSD began to receive academic attention in the 1990s. Still, not many had practical experience in treatment and there were few education endeavors (Goto and Wilson 2003, 195-196).

Yet after the Hanshin earthquake, the study of PTSD in Japan began in earnest. As Toyomi Goto and John Wilson explain:

> It is interesting that one of the reasons PTSD came to be well known after the 1995 earthquake was that the U.S. Community Crisis Response Team (CCRT) from the National Organization for Victim Assistance (NOVA) offered training for Japanese mental health professionals, which included the organization of a long-term mental health care program. In terms of these efforts, there was initial resistance in accepting their professional assistance due to cultural differences between the United States and Japan and the unfamiliarity of postdisaster mental health issues. Nevertheless, their activities proved to be very helpful for Japanese disaster victims and contributed to Japanese culture becoming familiar with the necessity and importance of mental health support after catastrophic disaster (Goto and Wilson 2003, 196).

Thus in the aftermath of the Hanshin earthquake, PTSD rose from obscurity in Japan to become a respected term in the media[7]. In the *Asahi Shimbun* the term was mentioned only six times in the five years before the Hanshin earthquake (1990-1994). In the five years following the earthquake (1995-1999), the term PTSD was mentioned 217 times. Likewise in the *Yomiuri* we find only one mention in the five years preceding the earthquake while the term was mentioned 215 times after the earthquake.

Interestingly, many of the initial articles after the earthquake discuss PTSD in the context of heart care rather than psychotherapy or other clinical terms. For example, a *Yomiuri* article from January 25th discusses a professor from Hokaido University whose pamphlet on "Understanding and Caring for the Heart of Children who Experience Disaster" was distributed to preschools and elementary schools whose students were

[7] PTSD is translated into Japanese as *shinteki gaishōgo sutoresu shōgai*. However, as in English, this unwieldy phrase was often shortened to the acronym "PTSD."

considered at risk for PTSD (*Yomiuiri Shimbun* 1995a). Another article from February of that year discusses the efforts of the Ministry of Labor in providing "heart care" and the increase in the number of cases involving Acute Stress Disorders (ASD) and PTSD (*Yomiuri Shimbun* 1995d). Three years after the earthquake, an article titled "What is PTSD?" explained that PTSD was the stress related to observing a traumatic event like war, a traffic accident, kidnapping, confinement, sexual abuse or the death of a someone near to you (*Yomiuri Shimbun* 1998). According to the author, when detected, the patient should immediately be brought before a professional counselor so that they might receive "heart care." As these and other examples show, in public discourse, treatment for PTSD often fell under the label of heart care[8].

The reasons for why treatment for PTSD was labled heart care are not hard to imagine. For one, Japan remains a country in which mental illness is commonly stigmatized. For example, in looking at the problem of withdrawn youths or *hikikomori* in Japan, Amy Borovoy has noted that in Japan there are a web of ideas and institutions that militate against pathologizing the individual. Human differences and distress are seen as manageable and containable through reliance on self-discipline and environmental control (Borovoy 2008, 554-556). As Borovoy shows, the emotionally distressed are thus "mainstreamed" in Japan to avoid the stigma of being diagnosed with a mental illness. Cognizant of these concerns, some doctors will even refrain from using words like "depressive illness" (*utsu byō*); preferring instead to use more ambiguous labels like "depressive state" (*utsu jōtai*)[9]. Due to the stigma of mental illness, some disaster victims in Japan even expressed their psychological pain somatically as a way to receive medical help. For instance, after the Hanshin earthquake, many victims were referred to mental health professionals by their primary care physicians after they came with complaints of physical symptoms (Goto and Wilson 2003, 204)[10]. It thus comes as no surprise that in

[8] See also Fujimori and Fujimori (1995), as well a several of the articles in *Gekkan Fukushi* (1996).

[9] On the other hand, Junko Kitanaka has described how the language of depression started to become medicalized in Japan beginning in the late 1990s. However, as she notes, this did not take place by representing depression solely through medical terminology. Rather, the psychiatric interventions and the introduction of antidepressants to treat patients was also facilitated by a reappropriation of cultural discourse on the social nature of depression (Kitanaka 2012, 5).

[10] Emiko Ohnuki-Tierney also noted the tendency for Japanese to ascribe the etiology of

the aftermath of the Hanshin earthquake, the public latched onto the rather ambiguous term "heart care" to describe the care for trauma victims.

Needless to say, the semantic ambiguity of heart care was key to its popularization. At first glance, the phrase "kokoro no kea" is a unique mixture of the Chinese character for "heart" (*kokoro*) or "mind"(*shin*), the Japanese possessive particle "no," and the English word "care" written in katakana syllabary to denote its foreign origin. The well known Japanese psychologist, Takeo Doi, provides the following translations for *kokoro*: intention, emotion, feelings, mind, heart, subjectivity (Doi 1986, 27, 44, 107). The word *kokoro* is also a native Japanese word in contrast to another word *seishin*, which comes from China and can also mean mind, soul, heart, and spirit. However, as Joshua Breslau suggests, "at the level of the individual, *kokoro*, in contrast to *seishin*, designates aspects of the self that are contingent on a unique and varied set of biographical experiences. *Seishin*, on the other hand, refers to more stable sources of power and efficacy that are less susceptible to change" (Breslau 2000, 181). Thus *seishin* is often translated as "spirit" while *kokoro* is translated as "heart"[11]. An illustration of the tension between *kokoro* and *seishin* can be seen in the book review mentioned near the beginning of this paper in which the author describes the Japanese *seishin* as inhibiting attention to the *kokoro*. However, *kokoro* can easily overlap with *seishin*. This flexibility is key to its popularity. The word *kokoro* was even listed as the most commonly used word in Japanese advertising during the 1970s (Moeran 1984, 261).

Likewise, borrowing the word *kea* from English was also conducive for applying the term in a wide variety of contexts. The word *kea* first gained attention during the 1970s in the context of nursing before gaining entry in major Japanese dictionaries during the late 1980s and early 1990s (Misao et al. 1997, 18). For example, in the *Jirin 21* dictionary published in 1993, *kea* is defined as: "looking after (*sewa*), nursing (*kaigo, kango*), wide

ordinary illnesses to non-psychological causes in her work on illness and culture in Japan a decade earlier. However, she cautions against the term "somatization" since it implies that the causes should indeed be in the psychodynamics of the patient, but that the Japanese "somatize" them by finding causes in the malfunction of the body (Ohnuki-Tierney 1984, 76).

[11] Naturally, this can change depending on the context. But what is important to note here is the personal nature of *kokoro* that often contrasts with the stability implied by *seishin*.

usage including medical and psychological support." Here we can also see how *kea* was closely associated with nursing.

It is thus possible to imagine how a pliable and warm sounding term like *kokoro no kea*, not to mention the cute illustrations of hearts that often accompanied the text, lent itself to mitigating the stigma of mental illness after the Hanshin earthquake. While labels like PTSD suggested a specific psychiatric condition that was limited to certain individuals, by discussing the trauma following the disaster in terms of "heart care," potentially everyone who had a heart could be a victim. This represented a kind of mainstreaming which helped subsume the label of PTSD under the umbrella of heart care[12].

However, the ambiguity of heart care also came at a price. In May of 1995, the well known psychiatrist Noda Masaaki voiced concern that the call for heart care was too vague and did not distinguish between the specific psychological needs of disaster victims. For example, heart care did not discriminate between approaches such as psychiatry, social psychiatry, psychological counseling, or social work. He noted that heart care had become a "fashion" that did not seriously consider the real needs of the disaster victims (Noda et al. 1995). Noda's concern remains largely unresolved. Twenty years later, mental health workers still struggle to understand what heart care really is. As recently as 2015 one study noted:

> To reduce the stigma attached to psychiatry, and to popularize the concept of psychiatry or mental health, a plain and familiar word 'kokoro' is now used to express psychiatry or mental health in the healthcare field in Japan. In addition, the term 'Kokoro-no care' was widely used to popularize the mental health services during disasters. However, now 'Kokoro-no care' is widely used among both professionals and community people without explicitly stating what it is,

[12] The use of *kokoro* to refer to psychological and stress related conditions is by no means endemic to victims of disaster. For example, prior to the earthquake there already existed in Japan a literature that addressed topics such as "illnesses of the heart" (*kokoro no yamai*) or "diseases of the heart" (*kokoro no byōki*)in the context of work stress or depression (Hirai 1989; Oda 1989). By describing mental health issues in terms of its effect on people's "hearts," this type of self-help literature also played a role in mainstreaming mental health problems by leaving the severity of such psychological problems ambiguous.

leading to confusion in the mental health professionals and community people (Suzuki et al. 2015).

To remedy this situation this new study proposed defining *kokoro no kea* as a spectrum of services that ranged from mental health services (psychiatry, psychology, social work) to psychosocial support (listening, counseling, recreation, group activities, massage and foot bathing, etc.). Mental health professionals could conduct the former, while other types of workers or lay volunteers could conduct the latter. This proposed definition embraces the semantic ambiguity of heart care, yet in accepting both ends of the spectrum, leaves open the Noda's question of how different types of needs and care are to be distinguished from each other.

Understanding Heart Care

Having examined the popular discourse of heart care before and after the Hanshin earthquake, and its relationship with PTSD, the question now arises as to how and why this term went from primarily describing the care for terminally ill patients to describing the care for victims of trauma.

First, we can credit the growth of the hospice movement in Japan for producing the initial discourse of "heart care." The first hospice in Japan was begun in 1981 and several others were established in succeeding years, primarily at Christian hospitals. After 1990, when palliative medicine came under the aegis of national health care, hospice care grew rapidly. Whereas hospitals generally emphasized biomedical treatments, the ethos of hospice care placed value on also caring for patients in additional ways-- socially, emotionally, and spiritually[13]. It was these values that were labeled and initially articulated as "heart care" in the early years of the Japanese hospice movement.

Yet after the Hanshin disaster, heart care expanded to also include victims of trauma. Although technical terms like PTSD gained traction, the semantic ambiguity of heart care lent itself to being appropriated in public for addressing the needs of disaster victims in a neutral or positive manner. Due to the stigma attached to mental illness, the term heart

[13] For example, Cicely Saunders, who started the first modern hospice in Britain in the 1960s, described "total pain" as having physical, emotional, social, and spiritual components (Saunders 2006, 166).

care was particularly suited for describing the care for victims of trauma, since it provided a mainstreaming label around which Japan could openly rally.

Interestingly, even as the term heart care became closely associated with trauma and especially disaster trauma, it nonetheless remained a key part of hospice care discourse. Yet caring for terminally ill patients was now also addressed through an alternate term. As the hospice movement continued to grow in the late 1990s, the non-physical aspects of hospice care were increasingly accorded the label "spiritual care." In addition to the influx of hospice care terminology from the West, it may well be that part of this shift in vocabulary was due to the fact that as the definition of heart care expanded to include victims of trauma, it became too vague for the hospice context. As hospice literature developed a view that distinguished between the physical, social, emotional, and spiritual pain of patients, a term like “heart care” that spanned these categories became less useful. By contrast, the term "spiritual care" helped transmit the nuance of the existential and spiritual concerns that were strongly identified with care for the terminally ill[14].

However, the significance of the Hanshin earthquake was more than semantic. As providing heart care for the victims of the earthquake drew national attention, religious groups took notice. The Hanshin earthquake is often described as the first year of the volunteer era in Japan (Furukawa ed. 2002, 3). The call for more volunteerism and social welfare was a wakeup call for religious groups who were seeking to raise their credibility at a time when most Japanese regarded religious groups with suspicion[15]. The call for more heart care was particularly helpful in facilitating religious involvement in disaster relief activities. Furthermore, as Japanese society became increasingly attuned to the provision of heart care in various contexts, this in turn helped draw greater attention to the work of religious professionals in providing spiritual care for terminally ill patients.

It is also interesting to note how heart care was never completely medicalized despite its close association with PTSD. That is to say, the spiritual concerns which originally played an important part in the discourse of heart care in the hospice, also continued to play a role in disaster relief. Although heart care after the Hanshin earthquake was in many cases a euphemism for PTSD and other psychological issues, as Christian and

[14] On the other hand, the ambiguity of heart care is also deliberately employed to soften or explain the nature of spiritual care to those who are unfamiliar with hospice.
[15] See Roemer (2012) for an overview of contemporary Japanese views on religion.

Buddhist groups continued to develop their views on how spiritual care ought to be administered in the context of hospice care, these views also bled back into the context of care for trauma and disaster victims. For example, the "Consultation Room for the Heart" that was established by members of various religious groups after the Tohoku disaster stated in their mission statement that their approach was based upon the principals of spiritual care (Kokoro no Sōdanshitsu 2011). In this way, spiritual care and heart care continued to exert a mutual influence on each other.

Another interesting issue surrounding the emergence of heart care is the role played by the West. As seen earlier, heart care in the Japanese hospice was often compared to the United States or other European countries where holistic care was already the standard in caring for the terminally ill. Japanese thus viewed themselves as falling behind in terms of addressing the social, emotional, and spiritual components of pain. As Western hospices increasingly placed an emphasis on provision of spiritual care for patients through the services of religious professionals like chaplains, Japanese hospices began to attempt the same.

In a similar way, the notion of heart care for the victims of traumatic disasters also shows Western influence. As Japanese sought to bring relief to the victims of the Hanshin earthquake, Western experts helped shape the Japanese response. In paticular, the Northridge earthquake which had occurred in California exactly a year earlier, provided Japanese responders with a model to learn from[16]. For instance, as mentioned earlier, it was after the U.S. Community Crisis Response Team from the National Organization for Victim Assistance offered training for Japanese mental health professionals, that attention to PTSD grew in Japan. Since many Japanese preferred to describe treatment for PTSD in terms of heart care, it was through this process that helping trauma victims became one of the objectives of heart care in the years that followed.

The influx of Western mental health training also raised the question of who was qualified to provide heart care. Those with a medical background or training in counseling were clearly seen as ideal caregivers. On the other hand, religious professionals were initially hesitant to take on a counseling role during the Hanshin disaster since their efforts

[16] See also the small handbook written by David Romo, "Handbook: Disaster and Heart Care" (*Handobukku: Saigai to kokoro no kea*) which was printed in April 1995, and again in April 2011, right after the Tohoku earthquake.

might be misconstrued as proselytizing (Inaba 2011). Yet by the time of the 2011 disaster, religious groups were much more comfortable in their role[17]. For example, the "Consultation Room for the Heart" (*kokoro no sōdan shitsu*) was established by members of various religious groups to provide heart care for victims of the 2011 disaster. Another example was a traveling café called Café de Monk that was started by a Zen monk who moved around different affected areas in the Tohoku region where he sought to listen to the concerns of traumatized victims[18]. This work also led to a radio program by the same name that continues to provide inspirational and spiritual encouragement by various religious figures aimed at victims in the Tohoku region. As these examples show, religious groups have taken a proactive role in providing heart care after the Tohoku disaster. Today, there is even a training program at Tohoku University which seeks to raise up "interfaith chaplains" (*rinshō shūkyō shi*)to provide heart care for victims of the Tohoku disaster-- something that would have been unthinkable in 1995 (*Nihon Keizai Shimbun* 2013).

Conclusion

As the examination of "heart care" in public discourse shows, heart care intially emerged in the context of hospice care before expanding to include various forms of trauma. After the earthquake, the term heart care was also shaped by interactions with Western psychiatric labels such as PTSD. In the process, heart care became an important label for all kinds of care that addressed the psychological, emotional, social, and spiritual concerns of trauma victims as well as terminally ill patients.

In addition to the popularization of heart care, the year 1995 also had seismic repercussions for Japanese religion. Although the Hanshin earthquake exposed the ways in which religious groups were unprepared to deal with disaster, the attention to heart care that arose in the aftermath was an important catalyst for subsequent religious involvement in social welfare. The call for heart care ultimately helped open the door for Japanese

[17] For an in depth discussion of the role of religious groups played in disaster relief work after the 2011 disaster, see Ambros (2011), McLaughlin (2013a; 2013b).

[18] The name Café de Monk also sounds like the Japanese phrase which means "complaining at the café" (Café *de monku*).

religious groups to further their social engagement and attempt to restore their credibility in the decades that followed the Aum incident.

References

Ambros, B. 2011. My take: Japanese new religions' role in disaster response. *CNN Belief Blog*. March 22. http://religion.blogs.cnn.com/2011/03/22/my-take-japanese-new-religions-big-role-in-disaster-response/ (accessed May 14 2015).

Asahi Shimbun. 1985. 末期患者を抱きしめる [Makki kanja o dakishimeru]. May 28.

Asahi Shimbun. 1986. 仏教ホスピスの実現を [Bukkyō hosupisu no jitsugen o]. October 27.

Asahi Shimbun. 1992. 幼いとき、犯罪の渦中に—心の傷いやすには [Osanai toki, hanzai no kachū ni-- kokoro no kizu iyasu ni wa]. December 18.

Asahi Shimbun. 1995a. 耐震都市の過信突かれる [Taishintoshi no kashin tsukareru]. January 18.

Asahi Shimbun. 1995b. 心の立ち直り、支えたい [Kokoro no tachinaori, sasaetai]. January 23.

Baffelli, E. and I. Reader. 2012. Aftermath: The impact and ramification of the Aum affair. *Japanese Journal of Religious Studies* 49, no. 1: 1-198.

Borovoy, A. 2008. Japan's hidden youths: Mainstreaming the emotionally distressed in Japan. *Cultural Medical Psychiatry* 32: 552-576.

Breslau, J. 2000. Globalizing disaster trauma: Psychiatry, science and culture after the Kobe earthquake. *Ethos 28*, no. 2: 174-197.

Chiba A. 1987. *よく死ぬことは、よく生きることだ* [*Yoku shinu koto wa, yoku ikiru koto da*]. Tokyo: Bungei Shunjū.

Covell, S. G. 2005. *Japanese temple Buddhism: Worldliness in a religion of renunciation*. Honolulu: University of Hawai'i Press.

Doi T. 1986. *The anatomy of self: The individual versus society*. Translated by M.A. Harbison. Tokyo: Kodansha International.

Faith-Based Network for Earthquake Relief in Japan Website. http://www.facebook.com/FBNERJ. Accessed June 5, 2013.

Fujimori, K. and T. Fujimori. 1995. *心のケアと災害心理学* [*Kokoro no kea to saigai shinrigaku*]. Tokyo: Geibunsha.

Furukawa H. ed. 2002. *現代日本のボランティア像* [*Gendai Nihon no borantia zō*]. Ryūkoku Daigaku Kokusai Shakai Bunka Kenkyūjo 1. Shiga-ken Ōtsu-shi: Shibunkaku Shuppan.

Gekkan Fukushi. 1996. 特集―心のケアを考える [Tokushū: Kokoro no kea o kangaeru]. 79, no. 1.

Goto, T. and J.P. Wilson. 2003. A review of the history of traumatic stress studies in Japan: From tramatic neurosis to PTSD. *Trauma, Violence, & Abuse* 4, no. 3: 195-209.

Gudykunst, W.B. 1993. *Communication in Japan and the United States*. Albany, NY: State University of New York.

Hirai, T. 1989. *心の病の治療ポイント―事例を通した理解* [*Kokoro no yamai no chiryō pointo: Jirei o tōshita rikai*]. Osaka: Sōgensha.

Hyōgo-ken Shōbōchō. 2006. 阪神・淡路大震災の被害確定について [Hanshin, Awaji daishinsai no higaikakutei ni tsuite]. May 19. http://web.pref.hyogo.lg.jp/pa20/pa20_000000015.html (accessed April 12 2013).

Inaba, K. 2011. Religion's response to the earthquake and tsunami in northeastern Japan. *Dharma World*. October/December. http://www.rk-world.org/dharmaworld/dw_2011octdecreligionsresponse.aspx (accessed June 5 2013).

Inaba, K. 2012. 被災地宗教者の活動と後方支援の輪 [Hisaichi shūkyōsha no katsudō to kōho shien no wa]. *Gendai shūkyō tokushū*: 83-101.

Kitanaka, J. 2012. *Depression in Japan: Psychiatric cures for a society in distress*. Princeton, NJ: Princeton University Press.

Kizaki, S. 1987. 「心のケア」の遅れ問う ['Kokoro no kea' no okure tou]. *Yomiuri Shimbun*, April 29.

Kokoro no Sōdanshitsu Website. 2011. 心の相談室会則 [Kokoro no sōdanshitsu kaisoku]. June 6. http://www.sal.tohoku.ac.jp/kokoro/blog/?field=2> (accessed June 3 2013).

McLaughlin, L. 2013a. What have religious groups done after 3.11? Part 1: A brief survey of religious mobilization after the great East Japan earthquake disasters." *Religion Compass* 7/8: 294-308.

McLaughlin, L. 2013b. What have religious groups done after 3.11? Part 2: From religious mobilization to ‘spiritual care.’ *Religion Compass* 7/8: 309-325.

Misao, H., Y. Hayama, M. Hishinuma, I. Iwai, and C. Kaharu. 1997. 日本語文献と英語文献におけるケア・ケアリング概念の比較分析 [Nihongo bunken to eigo bunken ni okeru kea/kearingu gainen no hikaku bunseki]. *Seirōka kango gakkaishi* 1, no. 1: 17-26.

Mochitzuki, M. 1995. 民衆と「同苦」する宗教者いでよ [Minshū to 'dōku' suru shūkyōsha ideyo. *Mainichi Shimbun*, March 7.

Moeran, B. 1984. Individual, group, and seishin: Japan's internal cultural debate. *Man* 19, no. 2: 252-266.

Murayama, T. 1993. がん告知、心のケア態勢を (記者ノート) [Gan kokuchi, kokoro no kea taisei o (kisha nōto)]. *Asahi Shimbun*, November 5.

Nakajima, M. 1993. エイズは「私たちの病」[Aids wa 'watashitachi no yamai']. *Yomiuri Shimbun*, January 27.

Nakamaki, H. and M. Tsushima. 1996. *阪神大震災と宗教* [*Hanshin daishinsai to shūkyō*]. Osaka: Tōhō Shuppan.

Nelson, J.K. 2013. *Experimental Buddhism: Innovation and activism in contemporary Japan*. Honolulu: University of Hawai’i.

Nihon Keizai Shimbun. 2013. 宗教超え被災者に心のケア[Shūkyō koe hisaisha ni kokoro no kea]. March 3, 2013. http://www.nikkei.com/article/DGXNASDG2606D_T20C13A3CC0000/ (accessed June 4 2013).

Noda M., Y. Kurato, K. Kim, and F. Urabe. 1995. 震災後の「こころのケア」とは？ [Shinsaigo no ‘kokoro no kea’ to wa?] *Sekai* 5: 65-75.

Oda, S. 1989. *現代ビジネスマンのための精神医学入門* [*Gendai bijinesuman no tame no seishin igaku nyūmon*]. Tokyo: Hamano Shuppan.

Ohnuki-Tierney, E. 1984. *Illness and culture in contemporary Japan*. Cambridge: Cambridge University Press.

Roemer, M. K. 2012. Japanese survey data on religious attitudes, beliefs, and practices in the twenty-first century. In *Handbook of Contemporary Japanese Religions*, eds. I. Prohl and J. Nelson, 23-58. Leiden: Brill.

Romo, D. 1995. *ハンドブック―災害と心のケア* [*Handobukku: Saigai to kokoro no kea*]. Tokyo: Asuku Human Care.

Saunders, C. M. 2006. *Cicely Saunders: Selected writings 1958-2004*. New York: Oxford University Press.

Suzuki, Y., M. Fukasawa, S. Nakajima, T. Narisawa, A. Keiko, and Y. Kim. 2015. Developing a consensus-based definition of 'kokoro-no care' or mental health services and psychosocial support: Drawing from experiences of mental health professionals who responded to the great East Japan earthquake. *PLoS Currents* 7. January 29. doi: 10.1371/currents.dis.cfcbaf509711641ab5951535851e572e (accessed February 19 2015).

Watts, J. S. 2004. A brief overview of Buddhist NGOs in Japan. *Japanese Journal of Religious Studies* 31, no. 2: 417-428.

Yomiuiri Shimbun. 1992. がんを語る(４)ケア　埼玉県立がんセンター病院長武田文和さん [Gan o kataru (4) kea Saitama-kenritsu gan sentā byōinchō, Takeda Fumikazu-san]. August 20.

Yomiuiri Shimbun. 1995a. 阪神大震災児の心の傷、表現させて発散を [Hanshin daishinsaiji no kokoro no kizu, hyōgen sasete hassan o]. January 25.

Yomiuiri Shimbun. 1995b. 被災者の心のケア手引書贈る [Hisaisha no kokoro no kea tebikisho okuru]. January 27.

Yomiuiri Shimbun. 1995c. 阪神大震災 被災者に心のケアを急げ [Hanshin daishinsai, hisasha no kokoro no kea o isoge]. January 31.

Yomiuiri Shimbun. 1995d. 阪神大震災高齢者支援 [Hanshin daishinsai kōreisha shien]. February 9.

Yomiuiri Shimbun. 1995e. 阪神大震災の被災者に心のケア [Hanshin daishinsai no hisaisha ni kokorono kea:]. Feburary 9.

Yomiuiri Shimbun. 1995f. 大震災の現場から12 [Daishinsai no genba kara 12]. February 19.

Yomiuiri Shimbun. 1998. PTSDって何？ [PTSD te nani?]. March 14.

Young, A. 1995. *The harmony of illusions: Inventing post-traumatic stress disorder*. Princeton, NJ: Princeton University Press.

心のケア——阪神・淡路大震災の前と後を比べて

要旨

本論文では1995年に起きた阪神・淡路大震災以後に普及した心理的サポートを指す「心のケア」という用語について考察をする。方法としては、震災の前後に『読売新聞』と『朝日新聞』に掲載された心のケアに関する記事を分析し、PTSD（心的外傷後ストレス障害）との関係性を検討した後、心のケアがホスピスの文脈から語られるものから、トラウマの意味を含むものへと拡大したことを示す。また、心のケアへの社会的認識の高まりに伴って、宗教者がよりいっそう被災支援に関われるようになったことについても論じる。

キーワード：心のケア、被災支援、スピリチュアルケア、ホスピス、PTSD、宗教